

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013322

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3192

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 6 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURILength of stay in lb
Two weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION BARNES HOSPITALInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois

b. COUNTY Madison

c. CITY
OR
TOWN Cottage HillsInside Limits
Yes ☐ No ☒d. STREET
ADDRESS 108 EdwardsReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

OSCAR

Middle

Last

WESLEY

4. DATE
OF
DEATH

Month

MARCH

Day

24

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Widowed ☐

8. DATE OF BIRTH

7-27-09

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

10b. KIND OF BUSINESS OR INDUSTRY

Olin-Mathieson

11. BIRTHPLACE (City and state or country)

Baliogh, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Wesley

13b. MOTHER'S MAIDEN NAME

Edie Elder

14. NAME OF HUSBAND OR WIFE

Retha Wesley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or Unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Retha Wesley, 108 Edwards, Ill.

Address

Cottage Hill, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) GLIOBLASTOMA OF LEFT LOBE OF BRAIN

INTERVAL BETWEEN
ONSET AND DEATH

6 MONTHS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

193.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from MARCH 7, 1962 to MARCH 24, 1962 and last saw her alive on MARCH 24, 1962

Death occurred at 5:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

F. R. BRADLEY, M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

3/24/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

3-26-62

23c. NAME OF CEMETERY OR CREMATORY

Rose Lawn

23d. LOCATION (City, town, or county)

Wood River Twp. Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Smith Funeral Home Alton, Ill.

25. DATE RECD. BY LOCAL REG.

MAR 24 1962

26. REGISTRAR'S SIGNATURE

Retha Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Not Embalmed
Vernon B. Stahlhub

Licensed Embalmer No. 8563

P. O. Address

Altamonte, Fla. 3118 Brown St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.